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Health insurance coverage dipped along with the state, U.S. economy

Ryan Dann and Jason Jurjevich

Population Research Center

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Recent figures from the U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) show the number of Americans without health insurance increased from 42.9 million in 2008 to 45 million in 2009. Similarly, in Oregon (*see Table 1*), the number of uninsured residents also increased. In 2008, 579,893 (/- 14,020) of the state's residents, or 18 percent (/- 0.4 percent), were without health insurance. In 2009, the ranks of the uninsured grew to 628,573 residents (/- 14,264), or 19.4 percent (/- 0.4 percent)*.

Males in Oregon were more likely to be uninsured compared with females. The number of uninsured males increased from 19.3 percent (/-0.6 percent) in 2008 to 20.9 percent (/-0.6 percent) in 2009. The number of uninsured females also increased during the two-year period (16.6 percent [/-0.6 percent] to 17.8 percent [/-0.6 percent]).

Table 1: Percentage of Uninsured Oregon Residents by Sex, Race/Ethnicity, and Income

	Percent Uninsured (2008)	Margin of Error (+/-)	Percent Uninsured (2009)	Margin of Error (+/-)
Oregon	18.0%	0.4	19.4%	0.4
Female	16.6%	0.6	17.8%	0.6
Male	19.3%	0.6	20.9%	0.6
White alone, non-Hispanic	15.4%	0.5	17.0%	0.5
Black alone, non-Hispanic	17.7%	1.8	20.4%	1.9
Hispanic (any race)	34.6%	1.5	34.0%	1.4
At or below 400% of poverty*	24.8%	0.6	26.1%	0.6
At or below 250% of poverty	30.5%	0.8	31.5%	0.8
At or below 200% of poverty	32.5%	0.9	33.4%	0.9
At or below 138% of poverty	33.8%	1.1	34.7%	1.1

**These categories indicate ratio between family income level to the federal poverty threshold. Lower ratios define lower income.*

SAHIE estimates also demonstrate inequitable rates of health insurance coverage according to race/ethnicity. In 2009, Hispanics in Oregon had the highest overall rate of uninsured population, at 34 percent (/- 1.4 percent). The Black alone, non-Hispanic population had an uninsured rate of 20.4 percent (/- 1.9 percent); the White alone, non-Hispanic population had an uninsured rate of 17 percent (/- 0.5 percent).

Every income bracket — which is defined by the ratio of family income to the federal poverty threshold — showed a decrease in Oregonians' health insurance coverage, the data show. Poorer people, however, were most likely to be

uninsured.

Oregon Counties

Across Oregon, the highest proportion of uninsured residents was in Wheeler County (*see Table 2*), where approximately 31.9 percent (/- 2.7 percent) of people were uninsured in 2009.

For counties with more than 40,000 residents, Marion County had the highest levels of uninsured people with rates of 22.1 percent (/- 1.3 percent) and 23.9 percent (/- 1.3 percent) during 2008 and 2009, respectively.

In the Portland metropolitan area, residents of Multnomah County were more likely to be uninsured compared with their metro neighbors. What's more, Multnomah County also experienced the largest gain in the percentage of the uninsured (16.8 percent [/- 0.8 percent] to 18.9 percent [/- 0.9 percent])^{*}.

Table 2: 2008 and 2009 Percentage of Uninsured Oregon Residents by County

	Percent Uninsured (2008)	Margin of Error (+/-)	Percent Uninsured (2009)	Margin of Error (+/-)
Clackamas	14.7%	1.0	15.5%	1.0
Multnomah	16.8%	0.8	18.9%	0.9
Washington	14.6%	0.9	16.5%	0.9
METRO	15.6%	0.5	17.4%	0.5
Crook	21.4%	1.9	21.8%	1.8
Deschutes	19.2%	1.5	20.2%	1.4
Jefferson	25.6%	2.1	26.2%	2.0
CENTRAL	20.1%	1.2	21.0%	1.1
Baker	20.7%	1.8	22.9%	1.8
Gilliam	17.3%	1.7	18.1%	1.6
Grant	21.4%	1.9	22.3%	1.8
Harney	22.5%	1.9	24.5%	2.0
Hood	24.8%	2.0	23.9%	1.8
Klamath	21.1%	1.7	23.2%	1.7
Lake	23.1%	1.9	24.3%	1.9
Malheur	24.6%	1.9	28.5%	2.0
Morrow	24.0%	2.0	23.2%	1.9
Sherman	24.9%	2.1	22.8%	1.8
Umatilla	21.1%	1.5	23.6%	1.7
Union	19.9%	1.7	19.5%	1.6
Wallowa	21.3%	1.8	21.2%	1.8
Wasco	22.6%	1.9	21.8%	1.7
Wheeler	28.5%	2.6	31.9%	2.7
EASTERN	21.9%	0.6	23.5%	0.7
Clatsop	21.0%	1.8	21.3%	1.6
Columbia	15.6%	1.4	16.0%	1.3
Lincoln	20.7%	1.7	22.4%	1.6
Tillamook	21.7%	1.8	22.0%	1.7
NORTHWEST	19.2%	0.8	20.0%	0.8
Coos	19.3%	1.6	21.3%	1.6
Curry	22.7%	1.9	22.8%	1.8
Douglas	18.4%	1.4	19.9%	1.4
Jackson	20.4%	1.4	21.3%	1.4
Josephine	20.1%	1.6	20.4%	1.5
SOUTHERN	19.9%	0.8	20.9%	0.8
Benton	14.7%	1.4	15.3%	1.4
Lane	18.6%	1.1	19.8%	1.2
Linn	19.2%	1.5	18.9%	1.4
Marion	22.1%	1.3	23.9%	1.3
Polk	17.0%	1.5	18.5%	1.5
Yamhill	19.1%	1.5	19.3%	1.4
VALLEY	19.4%	0.6	20.5%	0.6

SAHIE Estimates

Unlike the U.S. Census Bureau's American Community Survey (ACS), which provides single-year health insurance estimates for populations of at least 65,000, SAHIE produces model-based[i] estimates of health insurance coverage for all counties

and states, regardless of population size. What's more, SAHIE data^[ii] provide information about health insurance coverage by sex, age, race/ethnicity, and income at That, consequently, is strictly why the business has had significant steps to deal with the problem, if this started hosting conferences in a variety of areas of the condition to go over the steps that are required to make to provide these pull tab free casino games online a brand new lease in existence. the state level. Health insurance coverage by sex, age and income are available at the county level.

SAHIE 2008 and 2009 estimates include ACS data for the first time. Health insurance coverage and income group distributions (from the ACS) provide significant improvements in the precision of SAHIE estimates. An important caveat, however, is that because SAHIE data from 2008 and 2009 are estimated with a different data source than earlier estimates, SAHIE data from previous years should not be compared with 2008 and 2009 estimates.

To download and view SAHIE estimate data, [click here](#).

*Statistically significant difference at the 90 percent confidence level.

Note: SAHIE data are based on survey estimates. As such, all data should be interpreted with the corresponding Margin of Error (MOE) estimate. MOE is the difference between an estimate and its upper or lower confidence bounds. Confidence bounds can be created by adding the MOE to the estimate (for an upper bound) and subtracting the MOE from the estimate (for a lower bound). All published MOE values are based on a 90 percent confidence level.

The SAHIE program uses the following data sources to model health insurance coverage: The American Community Survey; demographic population estimates; aggregated federal tax returns; participation records for the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program; county business patterns; Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000.

All data pertain to those younger than 65 years of age.

Charles Rynerson, Risa Proehl and Michael Burnham contributed to this report.
